

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

1320
228

No. 300
10-48

FILED FEB 14 1953

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY JACKSON		b. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY		a. STATE MISSOURI		b. COUNTY JACKSON	
c. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY		c. LENGTH OF STAY (in this place) <i>None</i>		c. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY		3 16 8	
d. FULL NAME OF HOSPITAL OR INSTITUTION GENERAL HOSPITAL # 2				d. STREET ADDRESS (If rural, give location) WOODS HOTEL - 13th & Woodland			
3. NAME OF DECEASED (Type or Print)		a. (First) JOHN		b. (Middle) BLAIR		c. (Last) BLAIR	
4. DATE OF DEATH		(Month) (Day) (Year)		JANUARY 11, 1953			
5. SEX MALE	6. COLOR OR RACE NEGRO	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) DIVORCED	8. DATE OF BIRTH JULY 12, 1898	9. AGE (In years last birthday) 54	10. MONTHS	10. DAYS	10. HOURS
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>None</i>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) OKLAHOMA		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME THOMAS BLAIR		13b. MOTHER'S MAIDEN NAME LAURA GANT		14. NAME OF HUSBAND OR WIFE —			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>Unknown</i>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. MOSELEY-1615 CAMPBELL			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		PULMONARY NEOPLASM-ETIOLOGY UNDETERMINED					
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES					
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b)					
		DUE TO (c)					
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.				16 3/4	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>12-19-</u> , <u>1952</u> , to <u>1-11-</u> , <u>1953</u> , that I last saw the deceased alive on <u>1-11-</u> , <u>1953</u> , and that death occurred at <u>5:50A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) E. Frank Ellis, M.D.				23b. ADDRESS 600 E. 22nd St.		23c. DATE SIGNED 1-14-53	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 1/16/53		24c. NAME OF CEMETERY OR CREMATORY Highland		24d. LOCATION (City, town, or county) (State) S. C. Mo.	
DATE REC'D BY LOCAL REG. 1-16-53		REGISTRAR'S SIGNATURE Pauline Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Watkins Bros. 18th & Benton			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Bruce L. Watkins

Licensed Embalmer No. 45-00

P. O. Address 18th & Benton

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.